

MEMBERSHIP/DONOR APPLICATION

Apply Online (preferred): <http://iacfsme.org/Membership/Join.aspx>. Fax/Mail: For security reasons we cannot accept credit card numbers via email. Please complete this form and fax or mail it back to IACFS/ME with your payment. Thank you.

Title: Dr. Professor Mr. Ms. Mrs. Other: _____ Academic Degree(s) (MD, PhD, etc.): _____

Last Name, First Name _____ MI _____ Degree(s) _____

Institution _____ Department _____

Occupation _____ Street Address _____

City _____ State / Province _____ ZIP / Postal Code _____ Country _____

Telephone _____ Fax _____ Email _____

Applicant's Signature _____ Date _____

Specialty _____ Research Clinical Both Other: _____
 Interest _____

MEMBERSHIP RATES (JANUARY - DECEMBER)

Full and Supporting memberships include online journal access and website listing. All membership levels include IACFS/ME Newsletter, reduced conference registration fees, discounted IACFS/ME materials, and unlimited website access.

| Membership Type | Select Type | Membership Price |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------|
| For Full Member, voting (Professionals including Researchers, Clinicians, Therapists): | <input type="checkbox"/> 1 Year Professional | \$ 125 |
| | <input type="checkbox"/> 2 Year Professional | \$ 195 |
| For Associate Member, non-voting (Students, Patients, Other Interested Individuals): | <input type="checkbox"/> 1 Year Associate | \$ 50 |
| | <input type="checkbox"/> 2 Year Associate | \$ 75 |
| For Supporting Member, non-voting (Institutional, Corporate, Support Group, and Individual Sponsors): | <input type="checkbox"/> Standard | \$ 200 |
| | <input type="checkbox"/> Bronze | \$ 500 |
| | <input type="checkbox"/> Silver | \$ 1,000 |
| | <input type="checkbox"/> Gold | \$ 2,500 |
| | <input type="checkbox"/> Platinum | \$ 5,000 |
| Subscription Type | Select Type | Subscription Price |
| Subscription to Bound Print Journal: <i>Fatigue: Biomedicine, Health, and Behavior</i> | <input type="checkbox"/> 1 Year | \$ 30 |
| | <input type="checkbox"/> 2 Year | \$ 50 |
| Subscription to online Journal: <i>Fatigue: Biomedicine, Health, and Behavior</i> (for Associate Members only) | <input type="checkbox"/> 1 Year | \$ 20 |
| | <input type="checkbox"/> 2 Year | \$ 35 |

DONATIONS

I wish to donate to the IACFS/ME:

| Donation Type | Select Type | Donation Amount |
|----------------------------------------------------------------|--------------------------|-----------------|
| Rudy Perpich Memorial Fund (International Conference Speakers) | <input type="checkbox"/> | \$ |
| Junior Investigator Award | <input type="checkbox"/> | \$ |
| IACFS/ME General Fund | <input type="checkbox"/> | \$ |
| Donation in the name or honor of: | | |

PAYMENT OPTIONS (Payment must accompany this invoice. US currency drawn on US banks only. Send renewal with remittance to address above.)

Make checks payable to: IACFS/ME at the address above. Federal Tax ID: 73-1416680

Members choosing wire transfers: Add \$30 to cover bank fees. Contact membership@iacfsme.org for transfer information. Please ensure that "IACFS/ME Membership Fee" and the name of the member are clearly marked on the transfer. If payment is for more than one person or by a company, all names must be indicated. Send a copy of this form with a copy of the bank transfer to the address above. All bank charges are the responsibility of the payee and should be paid at source in addition to the membership fees. Transfers must be payable to IACFS/ME.

Originating Bank: _____ Date of Transfer: _____ \$ 30

Total Due (from above) \$

Credit Card Information **DO NOT EMAIL - PLEASE FAX TO (301) 634-7099** American Express VISA Master Card Discover

Card Number _____ Expiration Date _____ 3 or 4 Digit CVV# _____

Billing Address for Credit Card _____

Name on Card _____ Authorized Signature _____